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ABSTRACT

This document contains five papers about resources, support systems, and advocacy presented at a national conference about the nonwhite disabled. The papers and authors are: (1) "A College-Based Rehabilitation Training Program for Working with the Nonwhite Disabled" (C. D. Sanders)--program components include attention to sensitivity training, communication skills, multicultural awareness, techniques of self-disclosure, and client counselor relationships; (2) "A Model for Training Speech-Language Pathologists to Meet the Unique Needs of Minority Individuals" (K. T. Payne)--the proposed model emphasizes clinical and leadership training for graduate level course work; (3) "Providing Access for Nonwhite Disabled Students to Community College Programs" (S. T. Vernon) describes the Center for Disabled Student Services of Chicago City-Wide College which has developed a model for service delivery that involves recruitment, intake assessment, orientation, referral services and direct services; (4) "Non-Traditional Career Approaches for Disabled Nonwhite Persons (S. Kapur) discusses strategies such as on-the-job training, pay remuneration at graduated levels as students master tasks, and a "school leavers program"; and (5) "Work Experience Program for Disabled Students in the CUNY System: Implications for the Nonwhite Disabled" (G. F. Wolinsky et al.) describes a model program that allows disabled college students to experience short-term unsubsidized employment and helps them develop skills in personal budgeting, banking, and self-support plans to cope with life. (CL)

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15 • A College-Based Rehabilitation Training Program for Working with the Nonwhite Disabled

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Abstract

This article describes a college-based rehabilitation training program for counselors preparing to work with nonwhite disabled clients. The training program outlined in this article consists of the following components: 1) sensitivity training, 2) communication skills (verbal and nonverbal), 3) multicultural awareness (especially cultural awareness related to nonwhite population, 4) techniques of self-disclosure, 5) client-counselor relationships, 6) creative strategies of pre-vocational and vocational activities, and 7) techniques and resources of support systems and value systems for the nonwhite population. The author emphasizes the importance of developing such a rehabilitation training program for counselors working with nonwhite clients because of the unique "special needs" of this population.

Program, curricular, and preparation areas most in need of review in meeting the unique needs of the nonwhite disabled are counseling techniques, placement and community resources, and client assessment. In this paper, emphasis will be placed on counseling skills and functions.

COUNSELING TECHNIQUES

Rehabilitation counselors need sensitivity training in the cultural, racial, and life style differences of nonwhites. Communication is the nucleus of the counseling process; therefore, counselors must be aware of dialectical variations in the English language. Misunderstood variances and idioms give rise to misinterpretation and inhibit the close working relationships essential in client-counselor relationships. Counselors are taught to neither condemn nor condone, but seek to understand that which a client is saying on verbal and nonverbal levels.

Training counselors to work with the nonwhite disabled involves other special issues: (1) client reluctance in selfdisclosure, (2) a value system peculiar to the background of the client, (3) a pattern of non-adherence to time schedules, (4) lack of eye contact, (5) disappointment with the cognitive-verbal process of counseling instead of action-oriented help, (6) lack of strategies and tech-

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niques for dealing with an oppressive environment and, (7) inadequate self images and self concepts. Most of these issues can be developed into training modules.

Rehabilitation counselor training programs must provide for multicultural awareness and special knowledge of the black experience because statistics reveal that blacks represent a larger proportion of the disabled population than any other ethnic group. Recent data reveals that 13.4% of the black population have work related disabilities, 8.4% of the white population have such disabilities, and 8% of the Hispanic population is disabled. Seminars and workshops on the black experience must be provided just as are seminars on independent living and client assessment.

Adherence to principles and concepts of good human relations are essential for successful closure in the vocational rehabilitation process as it relates to nonwhites. Counselors must examine their prejudices before working with clients. They must forego rigidities and utilize maximum flexibility in finding solutions to problems. Counselors must also actively explain tests and client understanding of what vocational rehabilitation can and does offer. Counselors must be trained as activists within the nonwhite community and be accepted and viewed as true ombudsmen and advocates.

It is further recommended that counselors teach clients a long-range point of view about the rehabilitation process and its rewards. Counselors are expected to find a way of moving nonwhite clients more rapidly into and through various nonrewarding aspects of rehabilitation programs. Counselors (in training) also must be taught concepts as well as techniques which help clients become aware of the benefit of rehabilitation earlier in the sequence. (Such rewards for clients include greater independence and the ability to earn higher income.) This recommendation is made in order to reinforce the client's motivation for continuance in the program. Finding viable rewards for nonwhites is not an easy task. Competition from high reward systems is keen. Nonwhite clients can often earn higher incomes from illicit activities than they can gain through rehabilitation programs.

Client goals must be clearly defined. Participants must know where they are going, the manner in which they will get there, and the time they can expect to arrive. Counseling and reinforcement are critical at each stage along the rehabilitation continuum. Vague, ill-defined goals will result in dropouts. Nonwhites need to be assured that the program is not another dead end that satisfies the providers and has few, if any, benefits for the participant.

White and black counselors who serve black clients should gather within the agency a collection of literature about black history and culture. It is important to note that black counselors can be dangerous to black clients if they have rejected their own culture in their struggle for advancement in the profession.

It is important that rehabilitation counselors (both white and nonwhite) become aware of the ways in which their behavior effects their clients. Such behavior may include overt racism and hostility, covert prejudice, and cultural ignorance.

Several factors are involved in the forces at play in establishing the black self concept and conscious identity. Some conscious identity factors are: "How I see myself," 'How I see myself in relation to others," "How others see me," "How I see myself as a black person" and "How I see whites."

PLACEMENT AND COMMUNITY RESOURCES

Counselors must be taught creative strategies in providing pre-vocational activities as well as finding appropriate job placement sites. It is also essential that counselors provide clients with continued support and follow-up after job placement. Therefore, placement training must be complemented with a thorough knowledge of rehabilitation legislation and the legal rights of the handicapped.

Effective rehabilitation training programs must also equip trainees with skills in public relations. Rehabilitation counselors must develop ties with a wide array of community organizations including affiliation with the white business and industrial sectors as well as the total institutional and social system.

Affiliation with support systems in the nonwhite community is also paramount. Organizations should include fraternities and sororities, civic organizations, social clubs, political organizations, professional associations, and the church.

CLIENT ASSESSMENT

In the process of psychological evaluation, it is important for the counselor to know the nonwhite's attitude about testing. The counselor must not view the attitude toward testing as a lack of motivation. The following guidelines and principles should be adhered to in psychological evaluation: (1) provide the client with an orientation to psychological testing, (2) administer the easiest test first, (3) limit the testing time, (4) administer tests individually to allow for adaptation, (5) provide for the re-administration of a similar test or alternate forms, (6) in explaining test results to the client, emphasize positive aspects and use nontechnical language in the interpretation of tests, (7) use work samples in lieu of regular psychological tests, (8) use commercial work samples that are oriented to nonwhites, (9) use caution in recommending nonwhites for stereotyped jobs such as sanitary engineers, porters, food service workers, (10) use role models in occupational exploration, and (11) discuss occupational hazards with the client.

CONCLUSIONS

The counselor must develop a commitment to the value of the human being and assess the potential, worth, and assets of each client. Counselors must gain competency, skill, and creativity in understanding the motivational system of clients and foster a mechanism that provides intermittent and recurring reinforcement for this system on a short range basis. Effective counselors must develop a desire to help nonwhite clients and make a commitment to do so. Counselors must show that they care, but they must not promote dependency and treat the client in a condescending manner. Furthermore, the counselor must work against any dehumanizing procedures within the rehabilitation system.

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16 • A Model for Training Speech-Language Pathologists to Meet the Unique Needs of Minority Individuals

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Abstract

The focus of this article is the development of a model for training speech-language pathologists at the graduate level to meet the unique needs of minority individuals. The proposed model contains the necessary course-work requirements for speech-language pathologists to work with general populations as well as minority individuals in terms of clinical and leadership level training. Clinical training consists of the following components: (1) knowledge of a) the principles and methods of service delivery for the general and nonwhite population, and b) of the cultural and linguistic differences of the nonwhite population; (2) skills, competencies, and knowledge required by ASHA masters level training are also included in the program sequence. Leadership training is offered at both the doctoral and post-doctoral levels. The leadership training consists of the following components: (1) current theoretical and research issues of leadership needs in the field of speech-language pathologists, (2) in-depth knowledge of issues and practices related to cultural/linguistic diversity and communication disorders, (3) knowledge of leadership skills, and (4) research needs related to cultural/linguistic diversity and communication disorders. The author also gives a comprehensive illustration of each level of the training model.

In 1981, the National Center for Health Statistics estimated that 20 million Americans—approximately 10% of the population—suffered from communication disorders. Further, Fein (1983) projected that between the years 1980 and 2050, the number of persons with speech and hearing impairments will increase at faster rates than the total population.

Perhaps more striking than the incidence of speech, language, and hearing problems in the general population, is the fact that research on the incidence of these disorders among some minority populations, i.e. blacks, has revealed figures as high as 19.8% (Fay et al, 1970). Although admittedly, this figure may be distorted because diagnostic instruments fail to reflect sensitivity to cultural and dialectal differences, there is little doubt that high incidence rates for communication disorders among persons from low income and minority populations are related, in part, to poor health status, inaccessibility to and unavailability of health care services, and social and environmental factors.

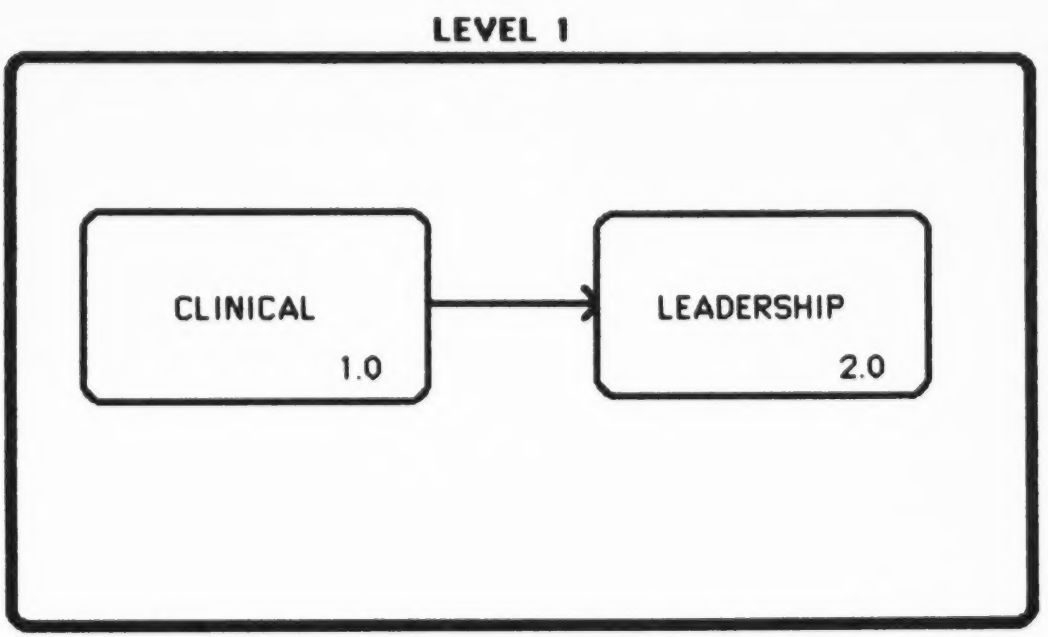
Based on these factors, if the same projections for increases of communication disorders within the general population are applied to low-income and minority groups, it is reasonable to postulate that in the next several decades, there will be great need for speech-language pathologists who have knowledge and skills to provide services to communicatively handicapped individuals in these populations. A nationwide survey conducted by The American Speech-Language-Hearing Association (ASHA) in 1985, revealed that 74% of the certified speech-language pathologists reported that they worked with clients from minority populations on a frequent basis. However, of those surveyed, 77% felt that they were not highly competent to serve these populations. When asked where they received their training to work with minority populations, only 13% stated that they were taught during their academic or practicum training. The remainder of the surveyed population provided no indication of training or compe-

tence relative to the needs of nonwhite speech impaired persons. Further, Cole (1983) reported that in an informal review of recent applications for the Certificate of Clinical Competence, only 2 in 20 applications—10%—had taken a course in sociolinguistics.

Because ASHA establishes no specific course requirements for clinical programs in regard to social dialects, few institutions offer such courses. Indeed, it may be observed that there is a dearth of faculty with background and training to provide instruction pertaining to linguistic and cultural diversity or to conduct research to develop current theory and practice concerning the needs of these populations. Taking these factors into account, it can be argued that there is currently, and will continue to be, a shortage of speech-language pathologists with the necessary skills and competencies needed to deliver effective clinical services to minority individuals.

The purpose of this paper is to present a model for graduate training in cultural/linguistic diversity and communication disorders which responds to these current and projected needs. The model described focuses upon the provision of effective services to the general population as well as linguistic and cultural minority groups. The terms "linguistic diversity" and "cultural diversity" refer to the notion that every person is a speaker of some language variation which reflects one's social heritage. These variations of language are known as dialects. Standard English is one such dialect. The concept of cultural/linguistic diversity recognizes that although standard English is the preferred dialect within this culture and is spoken by the privileged classes, other dialects are also important and valuable in that these dialects communicate the needs, desires, and emotions of their speakers. Therefore, all variations of language are afforded equal recognition.

A training program in cultural/linguistic diversity and communication disorders must provide the usual kinds of information relative to speech, language, and hearing disorders in the general population, with an additional focus upon the nature, diagnosis, and remediation of communication disorders in other linguistic and cultural groups within the society. The present model for graduate training in cultural/linguistic diversity and communication disorders contains two components as identified below.



Both components of the graduate training program are based on the following set of premises:

(a) Provision of services to communicatively handicapped individuals in culturally and linguistically diverse populations must be based on a firm knowledge of the principles and methods of service delivery for the general population, as well as an understanding and respect for the differences of other linguistic systems and cultures.
(b) Development of skills and competencies for the provision of services to linguistically and culturally diverse populations requires specific academic and clinical training conducted by professionals who are knowledgeable in these areas.

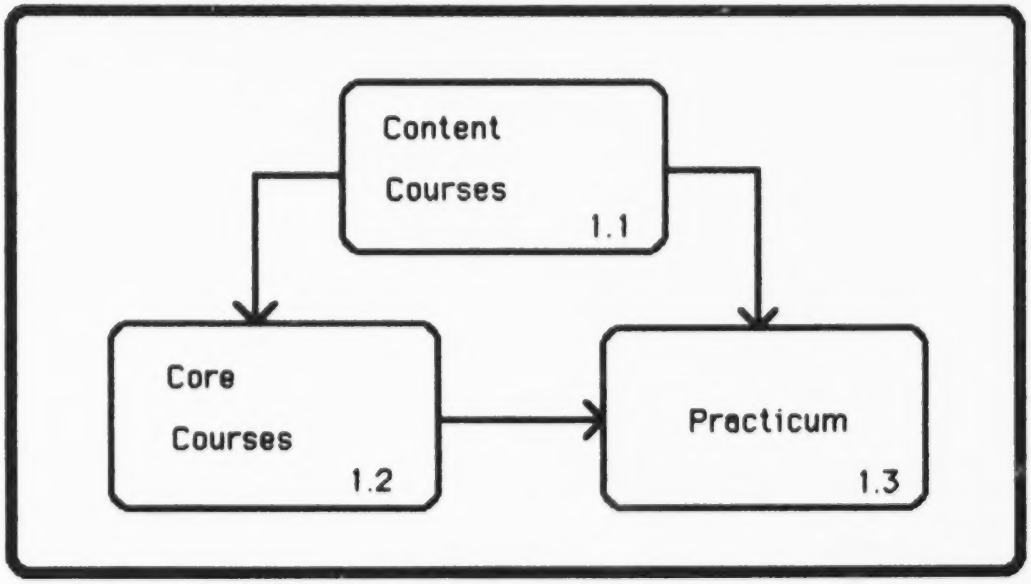
The clinical component describes training at the masters level. As required for the Certificate of Clinical Competence from ASHA, masters level training entails specialized coursework, as well as supervised clinical practicum in all disorder categories. There are three interrelated sub-components of masters training including content courses, core courses, and practicum.

Content courses provide students with knowledge of both normal communication development and disorders. Wherever appropriate, content of these courses include specific segments on topics relative to social dialects and various cultural groups in addition to the usual content of information for the course. For example, health, educational, social and environmental factors that relate to causes, diagnosis, as well as prevalence and treatment of communication disorders in various populations are discussed. Exceptions to this practice hold for coursework such as anatomy and physiology and speech science. Students also complete a prerequisite course in dialectology which is designed to introduce them to linguistic concepts related to social dialects.

Two specific content courses provide comprehensive, in-depth knowledge of cultural/linguistic diversity and communication disorders. A general course in sociolinguistics introduces students to language

LEVEL 2

1.0 CLINICAL COMPONENT



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variation and its relationship to social factors. This course is a prerequisite for a more advanced course in sociolinguistics which presents information relative to the application of sociolinguistic theory to clinical, educational, and societal problems.

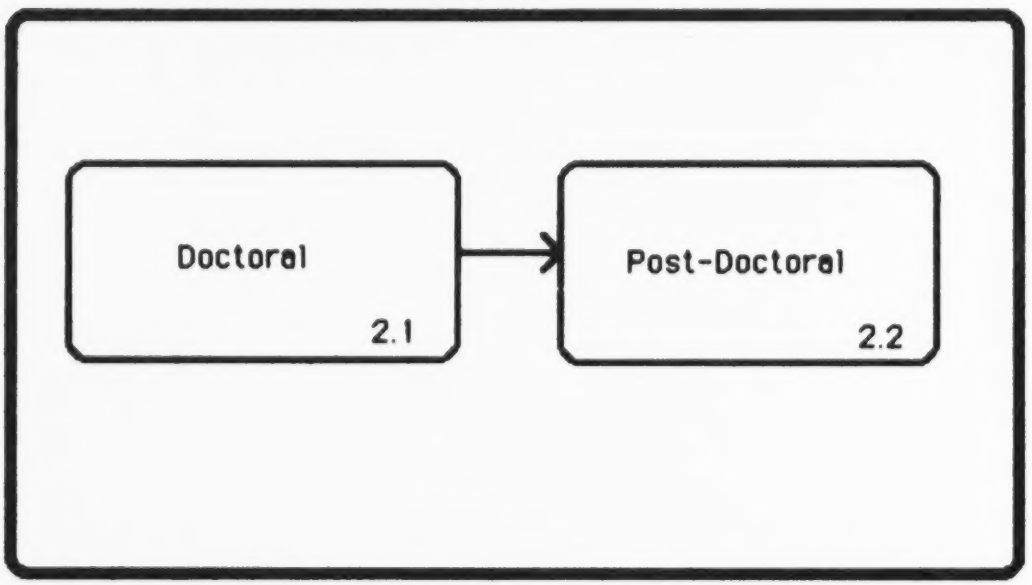
Core courses involving statistics, research techniques, and thesis execution prepare students to conduct culturally valid research specific to one minority population or applicable to linguistically or culturally diverse populations. In addition, students learn to critique research from the perspective of culturally and linguistically diverse populations.

Clinical practicum is a crucial aspect of the masters training program in cultural/linguistic diversity and communication disorders. The requirement of clinical practicum is that students not only gain experience with the various age groups and disorder types, but that they also gain clock-hours in diagnosis and treatment of clients from culturally and linguistically diverse populations and various socio-economic classes. Students conduct clinical activities within the multi-cultural university community, as well as inner-city day care centers where they gain experience in differentiating between social dialects and true communication disorders. Students also learn to identify and modify linguistically or culturally biased diagnostic instruments and to adapt therapy materials to the needs of these populations.

The leadership component of the present model for graduate training in cultural/linguistic diversity and communication disorders contains two subcomponents as indicated below. The doctoral training program responds to future leadership needs within the profession, while the postdoctoral program responds to the immediate need for researchers, academicians, and administrators to serve communicatively handicapped individuals in linguistically and culturally diverse populations.

LEVEL 2

2.0 LEADERSHIP COMPONENT



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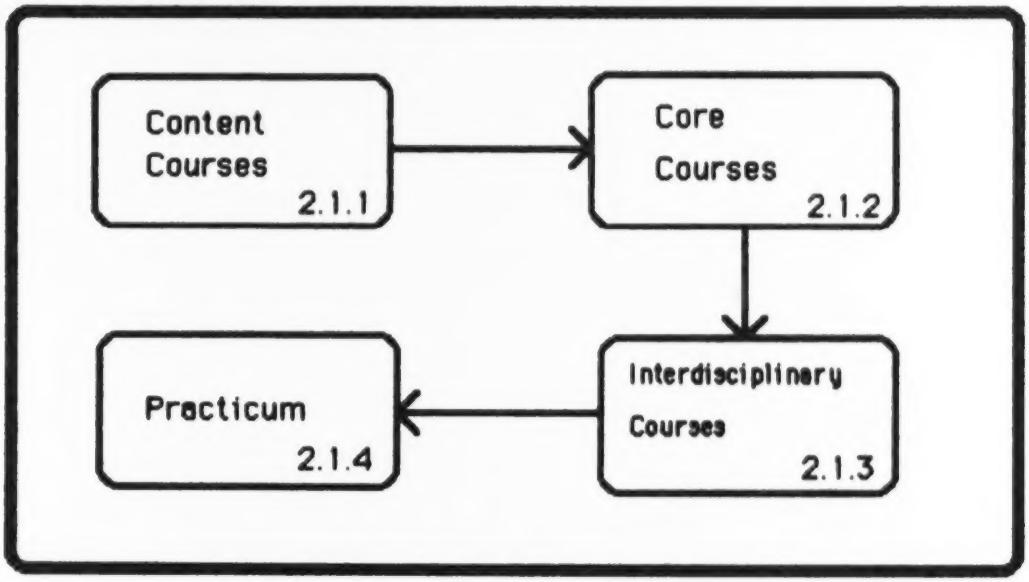
Doctoral training is sufficiently comprehensive to provide students with advanced training in matters pertaining to the execution of administrative, academic, clinical, and research activities for communicatively handicapped individuals in the general population, as well as in other linguistic and cultural groups. There are four elements of the doctoral program including content courses, core courses, specialization seminars, and practicum. Students enroll in 28 semester-hours of content courses within the department. These courses provide current information on normal and pathological communication focusing on theoretical and research issues rather than clinical procedures. Wherever appropriate, content courses contain segments related to these factors regarding research, theoretical issues, etiology, diagnosis, and therapy in communication disorders. Students are directed to specific readings and trained to critique research from the perspective of cultural and linguistic diversity.

Two content courses address the general topic of cultural and linguistic diversity. Specific seminars in cultural/linguistic diversity and communication disorders, and bilingual/bidialectal education provide students with in-depth knowledge of issues and current practices. In addition, independent studies are offered to students who wish to gain further knowledge on any specific topic of interest.

In addition to the information presented in content courses, all doctoral students are required to have knowledge of research design and methodology, program design and evaluation, and topics in social and cultural dimensions of human communication. This knowledge is imparted through core courses. Core courses prepare students for the kinds of leadership positions they will assume upon completion of the program. In these courses, attention is given to understanding and developing culturally and linguistically valid research methodologies for culturally diverse populations. Students are

LEVEL 3

2.1 DOCTORAL PROGRAM



encouraged to develop original research that will contribute to the body of knowledge of communication disorders in these populations.

Doctoral students are also required to enroll in at least two interdisciplinary courses outside the department. Advanced coursework may be taken in related disciplines such as medicine, dentistry, allied health, child development, linguistics, health care administration, intercultural communication, social work, psychology, anthropology, and education. The interdisciplinary feature is designed to buttress students' knowledge in their career specialization area. For students who wish to gain further knowledge in cultural and linguistic diversity, interdisciplinary courses may be taken in linguistics, anthropology, social work, or intercultural communication.

While practicum training is crucial to most masters programs, few doctoral programs require such activity. In order to further develop leadership skills, doctoral students participate in a unique and innovative practicum experience known as apprenticeships. These 20-hours per week work/learning experiences are designed to give students real-life experience in a variety of settings and responsibilities in administrative, academic, research, and clinical functions. Apprenticeships represent the spectrum of potential employment settings and professional responsibilities. Most apprenticeships are performed outside the department and the university community under the preceptorship of trained leadership personnel within the profession. All apprenticeships provide students with exposure and experience in providing services to culturally and linguistically diverse populations. One such site is the ASHA Office of Minority Concerns.

The postdoctoral component addresses the immediate need for qualified instructors to train future speech-language pathologists to provide clinical services to linguistically and culturally diverse populations. Postdoctoral training is specifically structured to expose fellowship recipients to a full range of information, data sources, research methodologies, and senior academicians and researchers in sociolinguistics and communication disorders so that they, in turn, may generate new approaches to the delivery of speech and hearing services to culturally and linguistically diverse populations. Designed specifically for academic personnel, the primary objective of the postdoctoral program is to produce effective leadership by focusing on research and publication, curriculum design, academic training, teaching, and clinical experiences. The objectives of this program are to enable each recipient to: (1) design and implement a college curriculum in communication disorders which specifically focuses on the issues and needs of linguistically and culturally diverse populations, (2) contribute to the current body of knowledge and research relative to communication disorders in linguistically and culturally diverse populations, and (3) train pre-service personnel to deliver effective clinical services to linguistically and culturally diverse populations.

The postdoctoral fellow serves a 9 to 10 month tenure within the department and audits courses on cultural/linguistic diversity, communication disorders, and other courses of interest. The fellowship recipient also surveys the current literature in sociology, anthropology, linguistics, medicine, education, and psychology relative to linguistic and cultural issues in language development and communication disorders. The postdoctoral fellowship recipient also designs and conducts research under the guidance of senior faculty within the department. Finally, the fellowship recipient designs a full graduate training curriculum similar to the present model, including courses, discussion topics, reading lists, textbooks and practicum skills for each disorder category with specific focus on cultural and linguistic diversity. In conjunction with this activity, the fellowship recipient may provide guest lectures on the segment within masters or doctoral courses which deals with cultural and linguistic diversity. The postdoctoral fellowship recipient may also elect to gain clinical experience through the campus speech and hearing clinic.

Training in cultural/linguistic diversity and communication disorders extends beyond the university curriculum. The department offers an extensive continuing education program, an annual student conference, a biennial international interdisciplinary conference, and supports a number of profes-

sional organizations such as the National Black Association for Speech, Language, and Hearing.

An essential part of any training program is the presence of effective role models for students. The faculty includes individuals with national and international reputations. The faculty itself is multi-racial, multi-cultural, and international. Two linguists, including one sociolinguist, are faculty members. Two professors of communication disorders possess strong linguistic and sociolinguistic backgrounds. Several are fluent in foreign languages and are knowledgeable about issues related to bilingualism. All faculty and instructional staff have had academic and/or clinical experience in cultural/linguistic diversity and communication disorders.

The implementation of an effective graduate training program in cultural/linguistic diversity and communication disorders requires commitment to the development of relevant skills and competencies by its trainees. The model described above is committed to this goal.

Establishment of the present model or similar models toward the same goal will ensure that future generations of speech pathologists will have the training necessary to ameliorate the clinical needs of the populations of mankind.

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17 • Providing Access for Nonwhite Disabled Students to Community College Programs

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Abstract

The Center for Disabled Student Services of Chicago City-Wide College has developed a model for students to explore career options, obtain support services, and enter programs of City Colleges of Chicago. The Chicago City-Wide College develops and implements programs and special services for students who are disabled, disadvantaged, or limited in English language proficiency. The Center for Disabled Student Services' model for service delivery involves recruitment, intake assessment, orientation, referral services, and direct services through various units. The functions of the various units of the Center for Disabled Student Services are discussed.

Community college programs provide excellent education and training opportunities for many individuals. As enrollments of special needs individuals increase, services and specialized programs must reflect the additional demands of a diverse student body. The Center for Disabled Student Services of Chicago City-Wide College has developed a model by which entering students are given the opportunity to explore career options, obtain individualized support services, and enter appropriate programs of the City Colleges of Chicago.

THE CITY COLLEGES OF CHICAGO

The City Colleges of Chicago form a cohesive network of nine urban-based community colleges operating under an open admissions policy. Under the guidance of a Board of Trustees, each campus of the system develops programs and policies to reflect and effectively serve the unique communities in which they are located. Seven of the colleges—Daley, Kennedy-King, Loop, Malcolm X, Olive-Harvey, Truman, and Wright Colleges—offer comprehensive, traditional educational, and vocational programs.

There are two non-traditional campuses in the City Colleges of Chicago. The Chicago Urban Skills Institute provides Adult Basic Education, English as a Second Language, General Educational Development (GED) preparation classes, and vocationally oriented trades to prepare students for entry-level employment. The other non-traditional campus is Chicago City-Wide College. Established in 1974 as a "college without walls," its directive is to develop and implement programs and specialized services for segments of the community which are either underserved or not traditionally served by institutions of post-secondary education. These include students who are disadvantaged, disabled, and limited in English proficiency. Both traditional and non-traditional programs are developed, coordinated, and administered by Chicago City-Wide College in cooperation with other campuses in the system and with community-based agencies. These programs include classes in the work place, prisons, and institutions, as well as programs serving military personnel throughout the world. In an effort to serve students who cannot attend on-campus classes on a regular basis, the College offers instruction by a video cassette at local library branches and via radio and television on the City Colleges' own TV station.

One of the hallmarks of the City Colleges of Chicago is the willingness to serve diverse groups of individuals who wish to enroll and compete in programs. In 1972, the Colleges recognized the need to integrate disabled students and began to conduct planning conferences, obtain community input and support, and identify sources of funding. In 1975, the Center for Disabled Student Services within the Chicago City-Wide College was formed to insure programmatic accessibility to disabled students and to oversee the integration of these students into the City Colleges of Chicago.

THE CENTER FOR DISABLED STUDENT SERVICES

The challenge of meeting the individualized needs of special groups involves careful planning and implementation. In an era of diminishing financial resources and an increasing awareness of the needs of divergent populations, program effectiveness relies upon cost-effective, non-duplicative service delivery. To this end, the Center for Disabled Student Services has developed a flexible and comprehensive model for delivering services to students. The model contains several interactive components: recruitment, intake assessment, orientation, referral services, and direct services. All are intended to insure that resources of the City Colleges of Chicago are accessible to students with special needs. The successful utilization of the services ultimately depends on the student. Although the Center understands that there are realities (at times difficult realities) associated with being disabled, it also encourages students to accept the idea that their circumstances need not prevent them from achieving their goals, that their ability to succeed lies within themselves. This recognition is reflected in the philosophy of the Center which is to provide disabled students with the skills and strategies necessary to become as independent and self-sufficient as possible in order to compete effectively, not only in an educational setting, but in the work world.

Each student entering the City Colleges of Chicago is unique. Some have multiple special needs. The task of identifying stu-

dents, determining their individual needs and goals, and providing appropriate services is challenging. To ensure that the student is identified and introduced to available services quickly and efficiently, the Center has developed an organizational model which consists of four major units: Admissions, Student Support Services, Specialized Programs, and Human Resources.

ADMISSIONS UNIT

The Admissions Unit is responsible for coordinating recruitment and orientation and assists in identifying students. Referrals are made to other units of the Center as needs indicate.

Recruitment and orientation activities include presenting Center programs and services to agencies, organizations and professional groups, processing inquiries from individuals and groups, and maintaining a comprehensive, current list of interested agencies and groups in order to insure that agency clients are properly integrated into an appropriate program.

In order to justify and offer referrals to each student and to help him develop an individualized career plan, the Admissions Unit gathers information on each student regarding the functional effects of their disability, vocational strengths and weaknesses, educational histories, and specific goals. To assist students who cannot communicate clear vocational goals, the Center added the Vocational Assessment Office to its service delivery model. This office administers interest, aptitude, achievement, and personality tests which guide students in career exploration and self-assessment. Work samples, which stimulate activities in the working world, are also used.

This model of intake has been designed to be flexible in its delivery. The services can be offered either within the City Colleges of Chicago or at various sites within the community.

Currently, the Center is conducting these services within 25 Chicago public high schools for 350 graduating seniors who hope to effect a smooth transition between secondary and postsecondary educational institutions. The Department of Children and Family Services and the Unified Delinquencies Intervention Services have contracted with the Center to provide similar activities for individuals who are 17-21 years of age, wards of the state, or require special services.

Utilizing the outcomes of this process, individuals identify the type of program they desire and are referred to the Student Support Services Unit or the Specialized Programs Unit. Students may also be referred to appropriate support or training agencies in the community.

STUDENT SUPPORT SERVICES UNIT

Students with special needs who are interested in regular academic/vocational credit programs are referred by the Admissions Unit to the Student Support Services unit. This unit has an office at each of the nine City Colleges of Chicago and each is staffed by a professional Special Needs Advisor who serves students on a daily basis. Special Needs Advisors are able to assess the needs of students related to daily student life. A campus location also affords Advisors the opportunity to establish referral networks within the individual college offices and with campus personnel.

Beyond the referral services of the Admissions Unit, the Student Support Services Unit coordinates direct services to disabled students. It hires support personnel such as readers, note-takers, interpreters, transcribers, and personal care assistants. It ensures that tape recorders, magnification devices, and other adaptive equipment are available. Workshops and individual instruction sessions in educational survival skills, time management, study skills, and exam strategies are offered to disabled students. Referrals for these services and suggestions for additional workshops come from both college and community sources. Student Support Services personnel also provide campus faculty, staff, and administrators with disability-related training and consultation for adaptation of curriculum materials for special needs students. Follow-up guarantees that services (activities) are adequate and appropriate to individual students.

SPECIALIZED PROGRAMS UNIT

In response to an expression of interest from the individuals and the community, the Center created the Specialized Programs Unit to provide non-credit instruction for special

needs populations unable to take part in or uninterested in academic credit at the City Colleges of Chicago. The specialized programs offered are the Vocational Training Programs, Educational Programs for Developmentally Disabled Adults, Adult Continuing Education for Professionals, and Programs for the Hearing Impaired.

The Vocational Training Program provides hands on vocational training for developmentally disabled adults. Training programs are available at different locations throughout Chicago: maintenance, laundry, and food services at the University of Illinois Chicago Circle campus; hotel services at the Hyatt Regency Hotel; and hospital services at the University of Illinois Medical Center Hospital. Training Specialists and Job Coaches at each location coordinate support services, oversee the training program, work with students, and consult with other employees and supervisors to explain the needs of the trainees. A referral network that includes the Center, the Colleges, the community, and Vocational Training Program personnel helps to direct potential students to the program. Job searching skills and time and money management are taught in prevocational skills classes. Job Placement Specialists help students who are ready for employment to find jobs. Program personnel provide follow-up to insure a smooth transition into the work place.

Educational Programs for Developmentally Disabled Adults provide educational opportunities to developmentally disabled adults through classroom programs. The Educational Programs Unit offers services through the Learning for Life Skills Programs and Literacy Classes. These classes are integrated into the College System whenever possible.

The *Learning for Life Skills Program* offers classes at six campuses through the Adult Continuing Education Department. While classes are in session, each site is supervised by an Educational Specialist who assesses student needs, refers students to resource materials, and monitors resource use. Non-credit classes are offered in areas of functional academics, pre-vocational skills, independent living, and enrichment. A low student-teacher ratio is maintained. Classes are also offered at approximately ten community sites in order to provide access to the services to those developmentally disabled adults who are unable to travel.

Specialized Literacy Classes focus on the development of basic reading and math skills. They are offered at four campuses and are co-sponsored by the Adult Continuing Education Department.

Adult Continuing Education for Professionals provides non-credit and college credit classes for professionals and paraprofessionals who work with developmentally disabled adults. Topics covered include parent advocacy, first aid, cardiopulmonary resuscitation training, and behavioral intervention techniques.

Programs for the Hearing Impaired offer self-contained classes in reading, language, math remediation, social skills, and prevocational skills through Adult Continuing Education. Program personnel deal with student assessment, referrals to resources, and follow-up activities. In-service sessions and workshops for professionals regarding the needs of hearing impaired individuals are also available. Sign language proficiency and development are offered to maintain standards among professional staff.

HUMAN RESOURCES UNIT

The Human Resources Unit is responsible for posting jobs, screening applicants, and referring qualified candidates to appropriate units of the Center for interviews. In addition, personnel provide training and staff development activities for hourly support personnel and professional staff.

To insure that the Center complies with current legislation, Human Resources Unit personnel research and produce policy statements reflective of guidelines and mandates. Necessary programmatic adaptation is recommended based upon this research.

CONCLUSION

Providing a wide range of services and programs to disabled students requires careful planning and implementation. As described in this report, the Center for Disabled Student Services has developed a flexible and comprehensive model for delivering services to students. By utilizing the organizational model, the Center encourages students to meet individual goals and

insures that the resources of the City Colleges of Chicago are accessible to disabled students.

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18 • Non-Traditional Career Approaches for Disabled Nonwhite Persons

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Abstract

The purpose of this paper is to explore specific strategies that facilitate successful career preparation for nonwhite disabled persons. Towards that end, it will address some non-traditional career approaches which can enhance the employability of these individuals.

THE NONWHITE DISABLED: WHO ARE THEY?

Before discussing specific strategies, it is important to identify the target population. The Bureau of the Census (1981) indicates that 22.6 million Americans are occupationally disabled. Of these, 4.2 million, or about one-sixth, are nonwhite. They are either black, Hispanic or Asian American in origin (Pape, Walker, Quinn, 1983).

Further, there have been significant changes in the demographic make-up of the American population in recent years. There has been an influx of refugees from Asia, Africa, and Central America. The new entrants generally settle in large urban areas and within communities similar to the parent countries. Language, social, and cultural differences make assimilation into American society difficult for them. However, many of these immigrants bring with them a host of problems, including medical, psychosocial, and educational limitations which make

their entry into the job market even more difficult. Hence, service delivery systems such as social and rehabilitation services, public schools, and training institutions need to accommodate the different forces of a society in transition.

THE ROLE OF WORK

The role and concept of work is also changing. With the unprecedented advancement of technology, the need for unskilled workers is diminishing. In the past, individuals with limited education and technical skills could find employment in service and labor intensive industries. Increasingly, jobs which require specific knowledge and skills, a higher level of education, and higher levels of abstracting/conceptual skills are replacing traditional employment opportunities for unskilled workers. Furthermore, discriminatory practices against nonwhite persons in the past kept them out of the mainstream of American life. The impact of these practices and technological advancements has been even more far-reaching for nonwhite *disabled* persons who are less educated and have limited marketable skills.

CHARACTERISTICS

Blacks and other minority disabled persons proportionately outnumber white disabled individuals by almost two to one. They are generally older and have less than a tenth grade education. They tend to be unemployed, have an income of less than $3,000 a year, and have a past employment history in service occupations (Bowe, 1983).

Research in the field indicates that there is a high causal relationship between disability and service occupations. These occupations are more physically demanding and pose greater health risks to the employee. Many of those injured on the job can be helped with medical intervention and job modifications. Unfortunately, many of those disabled by service-related injuries have limited education and skills for retraining. Thus, lack of timely appropriate medical intervention and persistent physical stress cause relatively minor and treatable injuries to become chronic and permanent disabilities (Bowe, 1983).

There is also a positive relationship between socio-economic status and health. Keserling (1965) points out that the proportion of those disabled or limited in their major activity by chronic ill health sharply rises as income falls.

RESEARCH—SOME RELATED FINDINGS

Tiffany, Cowan, Tiffany (1970) state that socially deprived individuals learn to live by reduced needs. The "rewards" of a better life are not meaningful to them. They cannot make the upward switch easily. The value system of the service provider and the individual conflict, and the client often discontinues services. A period for conflict resolution needs to be provided when planning rehabilitation.

In a model training program in southern Texas, handicapped secondary students were taught specific skills needed by employers in the community. Each student was paired with a prospective employer. They had the skills and liked their jobs and the employers with whom they were going to work. Outwardly, the employer and employee were carefully matched. Yet, the students failed to report to work as expected. The trainers analyzed the situation and found that in families where the father did not work five days a week, the son did not report to work. This required that surrogate role models for students be developed. During the training and career planning period, teachers who reported to work everyday were role models for appropriate behavior. This shows that cultural values and expectations need to be considered at every stage of planning for the nonwhite disabled persons.

Another variable of extreme importance for ensuring success in planning is communication. Pouissant (1969) discusses the need for effective communication with "the poor." He stated that "most middle class folks do not respect the poor and consider them inferior beings." He continues: "It is felt that anyone who works hard can succeed and those who are poor are 'failures'." Since a significant proportion of the nonwhite disabled are poor, professionals who work with them need to communicate a *genuine interest, commitment* and *understanding*. Kent (1980) writes about her teaching experiences in rural Mexico and states that the disabled from different cultures have different needs. Yet, "beneath the discourage-

ment, beyond the cultural differences, the need for acceptance, independence, and self-respect is universal."

There is considerable ambivalence on the part of professionals with regard to working with disabled nonwhite persons. Ayers (1970) notes that negative counselor trainee attitudes affect building rapport with the minority disabled. Kolk (1977) reported that counselor trainees working with black clients reported greater psychological stress than while working with whites with intellectual and physical disabilities. Buchanan (1973) reported that rehabilitation counselors had more negative perceptions and attitudes towards poor black families than towards poor white families. Riggs (1979) states that counselor trainees were more uncomfortable working with disadvantaged blacks than with whites during their training.

Thus, conflicting value systems, poor communication, negative perceptions and attitudes about minorities in general and the disabled in particular, set the stage for failure. Issues relating to developing appropriate career options need to be addressed within the context of the cultural norms and values of those being served.

In view of the above, discussion of career strategies will be built around four subtopics: (1) the person, (2) disability, (3) asssessment, and (4) employment. This is a systematic approach that needs to be used within the framework of the disabled person's cultural and value systems. Specific examples will be provided in the course of the discussion of these subtopics and general strategies will be outlined at the end of the paper.

(1) The nonwhite disabled person's
   - (a) Group affiliation (ethnicity)
   - (b) Family/group's definition of disability
   - (c) Cultural perception of disability
   - (d) Individual/family/group participation in planning intervention
   - (e) Record of utilization of available resources, etc.
   - (f) Level of initiative and risk-taking behavior
   - (g) Economic level

The Awareness Papers of the White House Conference on Handicapped Individuals (1977) state that man is the product of socialization and enculturation. Implicit in this statement is an understanding that there are significant differences in the manner in which cultures define problems, devise intervention strategies, and utilize available services. Hence, the person needs to be viewed within the context of personal, family, and community values as well as the functional assets and limitations imposed by his disability (Pape et al., 1983). For example, Asian Americans perceive disability as a curse for sins of the individual or his ancestors. Within this framework, the government is not obligated to provide services. Consequently, persons from this community do not readily seek services and are generally mistrustful of public service delivery systems (Chan, 1976).

Therefore, the background information regarding the disabled person, in terms of the above subclassifications, becomes extremely valuable. The strategies to be employed depend upon "where the person comes from" and "where he wants to go." Disabled nonwhite persons who have never attempted to access services will need to start at a different level than those who have been in a public service delivery system. For example, a handicapped adolescent who has been in special education classes all his life will need specific career exploration and direction. On the other hand, a middle-aged nonwhite person who suffered injury on a construction job will need strategies that will identify his potential for training in another area. The same type of analysis will need to be applied for other aspects of the person's background.

2. Disability
   - (a) Disability (specific)
   - (b) Onset and specific limitations
   - (c) Intellectual/educational/vocational history
   - (d) Training past and present
   - (e) Family/religious/cultural affiliations
   - (f) Specific needs for management of disability

In general, acute traumas suffered during post-school years by persons already in the work force have the best prognosis for rehabilitation and adjustment. Chronic illnesses, whether they are physical or emotional, and prolonged periods of intervention, or the lack of it, are the most difficult and require long range planning: hence, the need for the above-mentioned subclassifications under "disability" in developing appropriate career strategies. As far as possible, the person's

immediate support systems (e.g. family, religious affiliations, and community resources) will ensure smoother transition into training and the world of work.

For example, a 30 year-old black male with a high school education and trained as a cable installer in a telephone company injures himself in an automobile accident. The accident leaves him extremely limited physically and incapable of returning to his previous employment. He does have good academic skills and high potential for retraining in a less physically demanding occupation which can be used to his advantage. On the other hand, a 25 year-old black woman with a history of mental illness and frequent hospitalizations poses a greater challenge for rehabilitation practitioners. Besides requiring long-range planning with multiple short-term goals and objectives, the prognosis for her being successfully rehabilitated is guarded: hence, the importance of information regarding disability, its onset, and limitations.

3. Assessment
   (a) Current psychological and educational functioning language proficiency—post-disability onset
   (b) Vocational assets and limitations, potential for retraining; if so, specific areas
   (c) Environmental modifications—home, job site, psycho-social adjustment needs, etc.

The assessment procedures are generally structured and utilize stardardized instruments of objectivity. However, there are built-in biases which negatively affect the less educated nonwhite disabled population. Ideally, data analyses should include specific ramifications of the disabling condition along with the person's background, exposure, experience and culture.

For example, a 25 year-old disabled black male with a tenth-grade education, a history of academic failure, and a sporadic employment record, tests in the average range of intelligence, but is functionally illiterate. His disability—a leg injury—poses considerable physical limitations on his career potential. A systematic assessment of his specific assets and limitations will be needed to identify clusters of skills he might possess. The career planning process will need to include his past record of employment, the necessary components of behavior which need to be changed and which will ensure successful participation in the program, and specific areas for remediation geared towards specific vocational objectives. Thus, the dimension of assessment becomes very valuable for planning and developing career options of a disabled person.

In order for this type of assessment to be meaningful, Organist (1983) recommends five steps for practitioners. The first is that the evaluator is provided with the complete referral information about the disabled person. The greater the knowledge and understanding of the person's background, the more clear and discreet will be the results of the evaluation. The second point pertains to evaluator training. Individuals involved in assessment of disabled nonwhite persons *must* be appropriately trained to be effective. The third issue is evaluator competency. There should be periodic reviews of the evaluator's level of knowledge and skills and appropriate training should be provided when necessary. The fourth point pertains to the client's or disabled persons's preparation and readiness to participate in evaluation. No matter how skilled the evaluator is, if the client is not motivated, the assessment program will be meaningless. Lastly, a great degree of caution must be exercised in data interpretation. Overemphasis on standardized test data can lead to erroneous conclusions and faulty vocational planning.

4. Employment
   (a) Marketing trends in employment—availability of specific jobs
   (b) Employer characteristics—personality, awareness needs of disabled nonwhite workers
   (c) Specific strategies for identifying employment opportunities and modifications
   (d) Matching specific employees with available jobs
   (e) Follow-up services by the placement person/counselor/social worker—support for employer and employee

Professionals need to keep abreast of the employment trends in specific areas and regions and the type of skills which are in demand at any given time. For instance, in the Washington, D.C. metropolitan area, federal, state and local governments are chief employers. Openings occurring most frequently require specific skills and training;

often college level education. Other industries are building maintenance, hotel and restaurant management, and trade associations. Since disabled individuals present different levels of abilities, job development should be focused on all levels of position openings. Many disabled persons can enter the mainstream of employment with minimum modifications. Some may have disabilities which require no adjustments or modifications. For example, a ramp for a mobility-impaired person can ensure accessibility and may be the only modification he needs. Job modifications involve anything from technical aids to job-sharing.

This brings us to the next issue—employer characteristics, which facilitate employment opportunities for minorities. Regardless of ethnicity, some people do not want disabled persons around them and will not hire them. Others accept the challenge and others need to "see" for themselves how hiring a disabled person will benefit them.

One important point to remember about identifying employment opportunities in the private sector is that industry is in the "business of making money." When identifying employment opportunities in this sector of the economy, it is necessary to employ strategies which enhance the productivity and the profit margin of the employer. Qualified, hard-working disabled persons can be easily "marketed." The employer tax credit for employing a disabled person is just one incentive.

It is suggested that small neighborhood businesses be tapped for employment opportunities, including volunteer and part-time work. This type of placement provides opportunities for skill building training which the handicapped persons may not get otherwise. Counselors with good interpersonal skills and a carefully planned public relations strategy can facilitate this activity. However, developing a "willingness" in the employer to participate requires more than one strategy, visit, or contact. The placement officer becomes the catalyst and a support system between the employer and employee when he develops partnerships and ongoing relationships with the business community.

Strategies for job development are many and varied. A practitioner can start with getting to know the neighborhood from which he gets the most cases. Small local businesses, area churches, civic associations, and public schools are potential employers and offer possibilities for creative job development. One possible strategy would be to recognize a successful disabled person in the community by publicizing his achievement. An individual or a group who made the most contribution in that effort can be rewarded. Many disabled persons do well when they start building skills in their own neighborhoods. Familiarity with their surroundings at the initial stages of rehabilitation dispels the conflict they experience from the expectations of family and friends and the values of the professionals—counselors and other employees—working with them.

Follow-up services by the counselor and placement specialist are an integral part of the process of job development. Many disabled employees have severe limitations in performing simple activities of daily living. They need built-in systems at the place of employment. For example, a quadraplegic may need to get out of his wheelchair for part of the day. Initial job modification ensures that this is built into the daily routine. However, the employer should know that there is a support system available should there be breakdowns in the established system. This linkage ensures smoother transition for the disabled person and the employer.

INNOVATIVE APPROACHES TO CAREER PREPARATION

In the past, educators focused mainly on areas of study leading to degrees and diplomas in higher education. Those who could not meet the standards generally dropped out and found employment in farming or other labor-intensive industries. Increasingly, there is a demand for education and training in areas which offer the most opportunities. One just needs to review the enrollment trends or become acquainted with labor projections to realize this.

If nondisabled students are planning their future careers at a much younger age to keep abreast of employment trends, then disabled students need to start even earlier. This is particularly necessary for disabled nonwhite students who have to battle considerable cultural, social, and family prejudices about their disabilities to become independent and achieve their full potential. Environmental modifications and accom-

modations need to begin early in the life of a disabled youngster. It is felt that the more disabled the person is, the earlier he needs to start planning for his career.

The national initiative emanating from the U.S. Office of Special Education and Rehabilitative Services, U.S. Department of Education, "Transition from School to Work," spells out the planning process quite vividly. It is designed to bridge the learning gap between school and the workplace. There are many research and demonstration projects in progress in many states. However, the processes and procedures outlined in the initiative need to become part and parcel of the national education policy.

This concept has been fully developed at the national level in certain countries such as Australia. A brief summary of innovative placements of special education students is presented.

1. (a) The first strategy is embodied in what is called work therapy or on-the-job training. This has proven to be an excellent way to prepare handicapped students for the world of work. Closer to home, this strategy can be extremely valuable for disabled minority students who do not get opportunities to develop appropriate job-related skills and behaviors or lack strong role models in the home. This type of exposure needs to start early and can be either voluntary or paid experience, depending upon the circumstances and needs of the person.

   (b) Another approach is developing a series of job opportunities which pay remuneration at graduated levels as the student masters the tasks. The starting salary is generally a percentage of the adult full-time wage. As the person moves up from simple and routine activities to tasks requiring greater independence and higher skill levels, he qualifies for the full adult wage. These jobs do not have to be competitive, which might conflict with unionized positions, but should be strictly earmarked for training purposes. Supervision and skill-building should be the responsibilities of the special education teachers. This type of placement serves a two-fold purpose. Firstly, from the employer's standpoint, it offers an opportunity to observe how a prospective disabled employee (whom he is not required to hire at the end of the program) functions in a learning and employment situation. Secondly, from the student's perspective, it provides meaningful learning and skills which are more easily transferable than if they were taught in a classroom. In addition, it identifies those students who function independently and can be earmarked for appropriate independent living arrangements in the community.

   (c) Some students, even with early planning and training, will not be quite ready for employment at the time they leave school. They will need other services and more sheltered placement upon completion of their school tenure. For them, a "School Leavers Program," as it is called in Australia, may be very helpful. In this program, a diagnostic team—consisting of a medical consultant, a psychologist, a special education teacher, a placement specialist, and an appropriate therapist—meets with the student and his parents or guardian to discuss future needs. Other government or educational services are identified and linkages are established long before the student actually leaves school (Desmond, 1983).

2. Job development efforts need to be directed towards the minority communities which can increase opportunities for disabled youth. Light (1980) demonstrated that minorities have done well in small enterprises within their own communities i.e., Cubans in Miami. Gradual step-by-step progress towards adaptation to different values is facilitated when disabled persons stay within their own communities during the initial stages. Such "learned" behavior can be transferred to other settings later on.
3. The importance of role models cannot be overemphasized. Kent (1980) states "... many disabled Americans from

minority groups have never met another handicapped person living a full productive life, especially not a black or Hispanic or Asian." The blind lawyers, the deaf teachers, the executives in wheelchairs are all white and from higher income brackets. They speak for the disabled and address the issues for all handicapped persons. Professionals working with minorities need to understand that the usual rehabilitation programs are not necessarily the best for everyone. The success of the individuals makes the program successful and not vice versa.

4. Counselors and others involved in "direct services" to the minority disabled need to become activists and community advocates since community attitudes impact negatively on the placement of handicapped persons. In order to be successful, it is necessary for this activity to be targeted at the grassroots level. This is different from memberships on task forces and other agency representation activities. The latter are also needed to effect change and provide input for legislative action to ensure budgetary allotments and the like for programs in the area.
5. Counselors, school teachers, guidance counselors, and parents of disabled children need to take an active role soon after a child's disability is recognized. Rehabilitation counselors can provide valuable technical support at Individual Educational Plan meetings and develop on-going communication with all parties. They can speak at PTA meetings and in-service teacher training programs. In all, these linkages can be helpful in providing a continuity of services and save valuable time later on. Appropriate social and independent living skills can be built into educational programs.
6. Community resources can be utilized to provide appropriate experiences to the handicapped adolescents. Neighborhood leadership, retired citizens, and church members can be tapped for support as role models or as "big brothers" or "big sisters." Again, local involvement ensures systematic adaptation of behaviors and adjustment of the disabled nonwhite individual.

In summary, career exploration and preparation for disabled nonwhite persons involve in-depth understanding of the individual person within the context of his family and friends, community, and culture. The same type of analytical thinking must be employed with reference to his disability, assets and limitations, and employment needs. Specific strategies will depend upon the assets of the person and how they can be utilized in the market place.

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19 • Work Experience Program for Disabled Students in the CUNY System: Implications for the Nonwhite Disabled

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Abstract

The purpose of this work experience program was to develop and implement a model program that would allow disabled college students in the CUNY system to experience short-term unsubsidized employment in the private sector. Students would also be trained in the skills such as personal budgeting, banking, and developing self-support plans needed for them to cope with real life. Of the 25 students participating, 65% (16 students) were Black, Hispanic, or Oriental. Six students were placed in full-time unsubsidized summer employment in various business firms. The remaining students received work orientation, personal management, and other job-related training which readied them for employment in subsequent phases of the program. Not only has this program brought disabled college students and the marketplace closer, but it has provided disabled students with a newfound confidence in themselves. Disabled college students earn and manage an income. Implications of the results and guidelines for future program developments are discussed.

Recently, a deaf student participating in our program plaintively posed the question, "Why is it that no one seems to think disabled students need to be prepared for the world? It's easier," she said "for people to pity us than give us the tools to get ready for the world."

Her summary underscores the evidence that this population requires a comprehensive vocational preparatory program. Indeed, the traditional readiness model needs the co-existence of a support model. This is even more true for members of minority and dis-

advantaged groups who are disabled. Evidence points to these populations as being "extremely high risk" in terms of vocational/career development.

The relevance of a school-to-work transition program for disabled students is clear. They do not enjoy the same opportunities for casual, part-time temporary or summer work experiences that are available to their able-bodied counterparts. Studies reveal that disabled youth lack understanding of their capacity and have a record of inappropriate job choices as compared with non-disabled youths in the same age group. This is compounded by lack of expectations from the family, teachers, and other professionals vis-a-vis these students who consequently display a high degree of dependency and lack a sense of responsibility.

Each year, approximately 20,000 to 30,000 severely disabled students leave public special education programs. Many face bleak employment futures although an increasing number are now entering college. However, even with more advanced education, the jobless rate of disabled people remains between 50% and 70%. There is a need for a blend of support work strategies that will enable the members of this population to make a successful transition from school to work so that they can develop a strong foothold in the primary labor market in order to move from a receiver role to one of decision making and to social and economic independence.

With this in mind, a program was designed to provide a multi-faceted school-to-work transition program for disabled students in the City University of New York. The program, funded by New York State Department of Education, is to provide disabled students with short-term unsubsidized employment in the business sector along with comprehensive training in the skills needed to cope with real life.

In the 1980s, we are experiencing major shifts in social service concepts. Current trends favor more use of the profit-making sector and more relevant preparation of students for work. These trends are particularly appropriate when disadvantaged people need to be brought as quickly as possible to the stage where they no longer depend on sorely strained social services and where they are capable of further development growth.

OBJECTIVES

The program's present objectives are:

a) Mainstream 25 physically, visually, or hearing impaired college students into short-term unsubsidized employment in the private sector, i.e. the employer pays the salary.
b) Enable students to acquire and increase their knowledge of the world of work and careers in order for them to make career decisions based on first hand experience.
c) Provide comprehensive and coordinated services which include teaching real-life skills such as personal budgeting, banking, and developing self-support plans.
d) Familiarize private industry with qualified disabled students as a viable manpower source.
e) Increase the expectations of family/college faculty/personnel concerning this target population.
f) Provide programmatic flexibility.

PROGRAM DESIGN

Recruitment of students is carried out (1) through contact with the coordinators of disabled students on the individual campuses and (2) through self referral. Attention is paid to a student's medical status to determine work tolerance and counter-indications and to a student's academic record to ensure that participation in the program will not affect school work.

One of the important characteristics of the program design is flexibility. Rather than create a structure wherein students proceed through program components in a specified order, they have the opportunity to explore the program vis-a-vis their own needs. This approach affords students a choice. They select aspects of the program most relevant to them. It also provides them with a more meaningful experience and encourages decision-making and responsibility. For example, a student may elect to investigate work disincentive solutions prior to initiating interview preparation, while another student may choose to spend more time on skills and functional assessment. Some students need to address special issues first such as planning for personal care while at work, or negotiating transportation options.

Others request information and counseling on types of jobs and career paths available in their chosen major.

SEMINARS

A number of students begin to participate in the program by attending the program's seminar series. So far, the subjects addressed in this series include personal budgeting and banking, computers and adaptations, and disincentive solutions. Next month the seminar topics will include "Sports and Physical Fitness For The Disabled," "How to Research a Career," and "Purchasing a Car and Insurance For It." Faculty for these seminars are drawn from the business sector, independent living centers, and other community resources.

Students receive asssessment of functional capability and work skills as well as preparation for interviews and relevant counseling. Preparation for job interviews brings into play a number of facets of the program. Detailed job descriptions are utilized by students to relate their capabilities to the requirements demanded by the job. For example, a bank was administering the finances of a concert tour. The job required fast and accurate scanning of recorded ticket sales. A work sample was developed and the student candidate was able to assess herself immediately and meaningfully.

Students are assisted in developing a level of job preparedness acceptable to the job marketplace and in presenting themselves effectively in interviews. Follow-up interviews with students and interviewers provide valuable feedback. Subsequent job preparation sessions utilize the experience gained to improve the students' presentations.

A strong link has been forged with the business community by the staff as well as the business representatives on the program's Advisory Board. Companies are informed about the program by phone and personal visit. Jobs relevant to students' career objectives are identified and analyzed and worksites are evaluated for access.

After placement, follow-up is carried out on a regular basis both with students and supervisors. Progress reports are shared with each student and with their individual advisor/counselor on campus.

Of the 25 students enrolled, 65% or 16 are black, Hispanic, or Oriental. Of the six* students ready for employment, all were placed this summer in full-time unsubsidized employment lasting 8 to 12 weeks as follows:

Disability	Wheelchair/ Ambulatory	Academic Year	Job Title	Salary (weekly)
Bilateral Leg Amputee	Wheelchair	Graduate	P/T Admin. Asst.	$7.00/hr
Cerebral Palsy	Motorized Wheelchair	Junior	Management Intern	$230
Cerebral Palsy	Ambulatory	Junior	General Clerical	$210
Hearing Impaired	Ambulatory	Junior	Jr. Engineering Technician	$170
Multiple Sclerosis	Ambulatory	Sophomore	Clerk/Typist	$200
Traumatic Leg Injury	Crutches Ambulatory	Freshman	Unit Assistant	$150

*Four are minority students.

The positive impact of these placements on the students has been startling. On entering the program, one student—severely disabled due to cerebral palsy—expressed surprise that people with the severity of disability similar to or greater than his own, were actually working. He had always believed that he would have to be homebound even though he is a talented computer programming student. We placed him with a large firm as a "Management Intern" in the computer department. His abilities were quickly recognized, he related easily to colleagues and supervisors, and rapidly became an integral member of the staff. He was eager to meet deadlines and happy to take on challenges. His supervisor wrote the following comments on his performance rating: "M's overall performance was excellent. He displayed an enthusiastic attitude towards his assignments while demonstrating his ability to learn quickly. In addition, many of his ideas were utilized in developing the system." The student's own comment is telling: "I have learned that I can be on my own." He has been invited back next summer by the company.

A minority student with cerebral palsy who had never worked before was placed as a library research assistant in a large bank. She also performed exceptionally well and developed a strong sense of self. She displayed a newfound confidence because she discovered that she could function well in an unfamiliar environment.

All of the students who were placed realized that they indeed have the ability to work, to earn and manage an income, to interact well with people, and to be less fearful of unfamiliar surroundings.

These students who are "graduates" of the program's first cycle are now becoming members of the program's "faculty." Their advice and counsel will be of inestimable value to enrollees.

FACULTY SEMINAR

Recently, a special seminar was held to help faculty develop their awareness of the vocational potential of these students. The panel included a corporate recruitment officer, a corporate employment manager, a corporate staff manager responsible for seeking job accommodation solutions, and three disabled people in different professions—medicine, law, and accounting. The moderator, totally blind, holds a doctorate and is director of a special computer project within the CUNY system.

The panelists shared experiences and advice with the faculty and time was available for questions. The topics addressed were: "Bridging the Academic and Work Worlds," "College Recruitment—The Roles of the College and the Corporation," and "Corporate Responsiveness."

ADVISORY BOARD

Two additional aspects of the program must be noted. Firstly, the program has an active Advisory Board which reflects the partnership of business, academics, and community. They participate as employers, seminar faculty, evaluators, interviewers, advisors, and resource personnel. Meetings are held every couple of months, but members are contacted regularly for advice and guidance concerning individual students.

REDUCING "RED TAPE"

Secondly, bureaucracy can be a stumbling block for populations such as ours. It is not unusual for people to encounter a maze once they tap a system. Too often, people who would benefit from particular programs are discouraged from applying because "conditions for eligibility" are burdensome, confusing, or negatively affect benefits received. In the course of planning this program, we decided to eliminate bureaucracy as much as possible. We believed that this would not only be a welcome change but, more importantly, would allow students direct access to the program. For example, eligibility criteria are minimal—at least 16 years of age; presently enrolled in the CUNY system; have a physical, visual or hearing impairment; independent during a work day; and have had some exposure to work (summer or volunteer). Filling out forms is kept to a minimum. In fact, the students' certification process required by the Department of Employment has been curtailed. There is no formal intake procedure and the only documentation required of the students is that of income and disability status. There are no long delays in enrolling in the program. In sum, the

absence of bureacracy enables the program to be responsive.

Of course, problems arise in every program. Transportation is the most common problem and the biggest problem in any program for the disabled. Budget constraints in the grants' guidelines precluded transportation as an expense although in the next cycle of the program, transportation is an item under consideration for inclusion.

It is evident from a number of programs that about 50% of the participants require transportation. This has proven to be so with our present enrollees. In order to facilitate travel for these students to the various components of the program (e.g. interviews, seminars, daily commuting), we have relied on generous cooperation from independent living centers that have accessible vans. We have also received a handsome donation from a group of executive women who became interested in our program and the students have paid for their own transportation out of their paychecks.

Programs such as the one described bring disabled students and the marketplace closer. There is a clearer understanding of a potential labor source and the demands of the primary labor market. Business and industry can advise and guide the potential employee towards better preparation for the work world, community resources can provide support, and the disabled students can illustrate their abilities and gain more widespread acceptance for the disabled in the business world. The results present a brighter economic picture for the future from all aspects.

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